

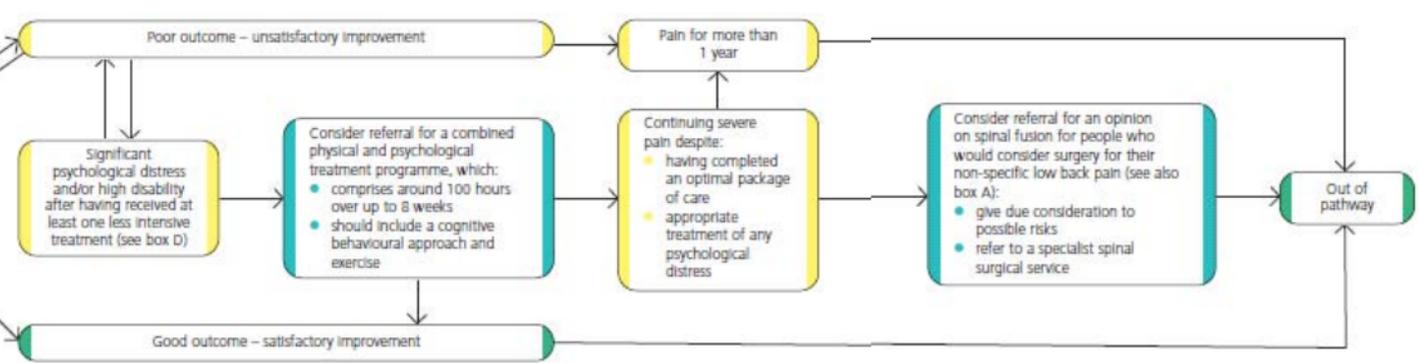
Care pathway

This guideline refers to the management of non-specific low back pain only. Clinical assessment should exclude people with signs and symptoms suggestive of spinal malignancy, infection, fracture, cauda equina syndrome, or ankylosing spondylitis or another inflammatory disorder.

Principles of management for all patients

- Keep diagnosis under review at all times
- AND
- Promote self-management: advise people with low back pain to exercise, to be physically active and to carry on with normal activities as far as possible (see box B)
- AND
- Offer drug treatments as appropriate to manage pain and to help people keep active (see box C)
- AND
- Offer one of the following treatments (see box D), taking patient preference into account. Consider offering:
 - exercise programme
 - course of manual therapy
 - course of acupuncture

Consider offering another of these options if the chosen treatment does not result in satisfactory improvement



Box A Assessment and imaging

- Do not offer X-ray of the lumbar spine
- Only offer MRI for non-specific low back pain in the context of a referral for an opinion on spinal fusion
- Consider MRI if one of these diagnoses is suspected:
 - spinal malignancy
 - infection
 - fracture
 - cauda equina syndrome
 - ankylosing spondylitis or another inflammatory disorder

Box B Advice and education

- Provide advice and information to promote self-management
- Offer educational advice that:
 - includes information on the nature of non-specific low back pain
 - encourages normal activities as far as possible
- Advise people to stay physically active and to exercise
- Include an educational component consistent with this guideline as part of other interventions (but don't offer stand-alone formal education programmes)
- When considering recommended treatments, take into account the person's expectations and preferences (but bear in mind that this won't necessarily predict a better outcome)

Box C Drug treatments¹

Paracetamol:

- Advise regular paracetamol as the first option

When regular paracetamol alone is insufficient (and taking account of individual risk of side effects and patient preference), offer NSAIDs and/or weak opioids

NSAIDs:

- Give due consideration to risk of side effects, especially in older people and those at increased risk of side effects
- Offer treatment with a standard oral NSAID/COX-2 inhibitor
- Co-prescribe a PPI for people over 45 (choose the one with the lowest acquisition cost)

Weak opioids:

- Give due consideration to risk of opioid dependence and side effects
- Examples of weak opioids are codeine and dihydrocodeine

Tricyclic antidepressants:

- Consider offering if other medications are insufficient; start at a low dosage and increase up to the maximum antidepressant dosage until:
 - therapeutic effect is achieved or
 - unacceptable side effects prevent further increase

Strong opioids:

- Consider offering for short-term use to people in severe pain
- Consider referring people requiring prolonged use for specialist assessment
- Give due consideration to risk of opioid dependence and side effects
- Examples of strong opioids are buprenorphine, diamorphine, fentanyl, oxycodone and tramadol (high dose)

For all medications, base decisions on continuation on individual response

Box D Choice of treatments

Offer one of the following treatment options, taking patient preference into account

Consider offering:

- Structured exercise programme:
 - up to 8 sessions over up to 12 weeks
 - supervised group exercise programme in a group of up to 10 people, tailored to the person
 - one-to-one supervised exercise programme only if a group programme is not suitable
 - may include aerobic activity, movement instruction, muscle strengthening, postural control and stretching
- Manual therapy²:
 - course of manual therapy, including spinal manipulation
 - up to 9 sessions over up to 12 weeks
- Acupuncture:
 - course of acupuncture needing
 - up to 10 sessions over up to 12 weeks

If the chosen treatment doesn't result in satisfactory improvement, consider offering another of these options

Do not offer

- SSRIs for treating pain
- Injections of therapeutic substances into the back
- Laser therapy
- Interferential therapy
- Therapeutic ultrasound
- TENS
- Lumbar supports
- Traction

Do not refer for

- Radiofrequency facet joint denervation
- IDET
- PIRFT

COX-2: cyclooxygenase 2; IDET: Intradiscal electrothermal therapy; MRI: magnetic resonance imaging; NSAIDs: non-steroidal anti-inflammatory drugs; PIRFT: percutaneous intradiscal radiofrequency thermocoagulation; PPI: proton pump inhibitor; SSRI: selective serotonin reuptake inhibitor; TENS: transcutaneous electrical nerve stimulation.

¹No opioids, COX-2 inhibitors or tricyclic antidepressants and only some NSAIDs have a UK marketing authorisation for treating low back pain. If a drug without a marketing authorisation for this indication is prescribed, informed consent should be obtained and documented.

²Manual therapy is a collective term that includes spinal manipulation, spinal mobilisation and massage. See page 7, and section 1.4 of the NICE guideline (www.nice.org.uk/C688), for more details.